

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **F00000005667**
Entity Name
Z&L ACQUISITION CORP.



FILED **FILED**

03 JAN 15 PM 4:11 03 JAN 15 PM 4:11

Principal Place of Business
C/O BENJAMIN P. BUTTERFIELD
1403 FOULK ROAD, SUITE 102
WILMINGTON DE 19803

Mailing Address
20 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0374238**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STEWART, GORDON W 1201 MARKET STREET, SUITE 1700 WILMINGTON DE 19801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRAUSS, THOMAS M 1105 N. MARKET STREET, 13TH FLOOR WILMINGTON DE 19801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUTTERFIELD, BENJAMIN P 20 NORTH ORANGE AVE., SUITE 200 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, JACQUEL K 20 NORTH ORANGE AVE., SUITE 200 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ZEPF, J. STEPHEN 20 NORTH ORANGE AVE., SUITE 200 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLERT, CARL 20 N. ORANGE AVENUE, STE. 200 ORLANDO FL 32801 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800010140108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin P. Butterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin P. Butterfield
Secretary

407-841-4755
Date Daytime Phone #

CR2E034 (10/02)



2012

ACCOUNT NO. : 072100000032
 REFERENCE : 894583 7107686
 AUTHORIZATION : *Patricia Pujols*
 COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2003
 ORDER TIME : 2:26 PM
 ORDER NO. : 894583-020
 CUSTOMER NO: 7107686
 CUSTOMER: Laurie Bergstresser, Paralegal
 Hughes Supply, Inc.
 Suite 200
 20 North Orange Avenue
 Orlando, FL 32801

ANNUAL REPORT FILING

NAME: Z&L ACQUISITION CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 EXAMINER'S INITIALS:

03 JAN 15 PM 3:58

RECEIVED